

Fermilab 2002 SIST Intern Data Form, Faculty Assessment

Student Name _____

To the student: Please make a copy of this form for all people who provide an assessment. At least two assessments are required.

Please return this information to:
Fermilab Equal Opportunity Office
MS 117, PO Box 500
Batavia, IL 60510-0500

Fermilab Summer Internships in Science & Technology
Email: sist@fnal.gov
Web: <http://sist.fnal.gov>
Telephone: 630-840-3415, Fax: 630-840-5207

Name Of Faculty: _____

Title/Department: _____

University: _____

Address: _____

Phone & Email: _____

	Top 3%	Top 10%	Top 30%
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capability for working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capability for working cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation & Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a written assessment of this student with respect to these qualities and any other relevant aspects of his or her character you feel are relevant. You may attach a separate letter. This information is confidential.

The deadline for us to receive this assessment is March 1, 2002.

Signature: _____

Would you like to receive information about this program next fall? _____